	93-16-00							
•	TRANSMITTAL UNDE 7 CFR 1.53(b)			ATTO NEY DOCKET 80236AJDL				
в .	To: Assistant Commis	sioner for Patent	S	Express N	Iail Label N	0.	1	
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⋜≣	Washington, D.C.	20231		EL267108	8852US			
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	POLISHING SILICON D	IOXIDE					o <del>==</del>	
	First Named Inventor (or Application Identifier):						286 186	
	Ramanathan Srinivasan, et al			142 U.S				
	Enclosed are:						o o	
	1. X Specification			6. <b>X</b>	Eastman Ke	of the invention t odak Company	to	
-	2. 4 Sheet(s) of drawing(s)			7. Certified copy of a priority document.				
	3. X Information Disclosure Statement Under 37 CFR 1.97 8.					ssociate Power of Attorney		
	4. Combined Declaration for Patent Application and Power of Attorney:							
	<ul> <li>4a. X</li> <li>4b. New</li> <li>Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)</li> </ul>							
Conf. State and Conf. Long Line Him H. II	5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).							
IJii E								
W    T	which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following: CROSS REFERENCE TO RELATED APPLICATION  Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled.  If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  11. Continuation Divisional X Continuation-in-part (CIP) of prior application No: 09/456,612,  12. X Please address all written communications to Thomas H. Close, Patent Legal Staff,  Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  Please Direct all telephone calls to James D. Leimbach at (716) 722-9021.							
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	The filing fee has been calculated as shown below:  FOR: NO. FILED NO. EXTRA RATE					FEE		
	FOR: BASIC FEE	NO. FILED	NO. EXTRA	KAI	E	\$ 690		
	TOTAL CLAIMS	23 - 20 =	3	x 18	_	\$ 54		
	INDEPENDENT CLAIMS	4 - 3 =	1	x 78	-	\$ 78		
	MULTIPLE DEPENDENT CLAIM PRESEN		ITED		260	\$0		
		TO	TAL	\$ 822				
	X Please charge my Eastma	n Kodak Company I	Denosit Accou	nt No. <b>05-02</b> 2	5 in the amoun	t of \$ 822.		
	?	A duplicate co	-					
X The Assistant Commissioner is hereby authorized to charge any additional filing fees required under								
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.								
A duplicate copy of this sheet is enclosed.								
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Registration No. 34,374